## APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

					TY	PE O	F APF	LICATION/F	PERMIT ( <mark>Se</mark>	e Instruction	ons)		ACC	DUNTING CODE: 57	4832 / 502702 / 02202
Project Pe	ermit		Pr	oject	Permi	it Rev	/ision		Courtesy	Notification	n (NES	HAP)		Annual Permit	
. = -	Notification	ſĒ	_	-				vision $\square$	-	ermit Amen	•	-	Ħ,	Annual Permit	w/Contractor
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Renovati	on (R)	$\overline{}$	1 N	FSH/	AP Dei	mo/R	eno			Demolition (	(O)		П.	Transport (T)	
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						AS	BEST	OS PROJEC	T CONTRA	CTOR (Ope	erator)				
Montana De	partment	of Tr	ansp	ortat	ion										
Asbestos Project	•		-												
PO Box 2010				,,					Helena		Lav	vis & Cla	·k	MT	59620-1001
Mailing Address									City			County		State	Zip
_	<del>-</del>			400		70E /			•	da Haaa - F				State	Zip
406-444-638				400	3-444-				Cal	'la Haas, F				200	
Telep	ohone Number						Fax Nun	ber			Contra	ctor Contact I	Person (	First and Last Nam	e)
														- N. 133.	
	On-Site P	roject	Contrac	tor/Su	pervisoi				Contractor	/Supervisor Ac	creditati	on Number		Expiration	on Date
						EMC	LITIO	N/RENOVA	TION CONT	RACTOR (C	Operate	or)			
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Demolition/Renov		ldi													
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Mailing Address									С	ity		State		Zip	County
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Location Address										City		State		Zip	County
Site	Telephone Nu	mber								Locati	on Conta	ct Person (Fi	st and	Last Name)	
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1.600 sa ft					20							6N		2E	1/
1,600 sq ft		her of				Η						6N		<u> </u>	'''
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Building Size	Num		A			ears									<del>. € #</del>
Building Size (sq. ft.)	Num Flo	ors		ge of S	ite in Ye	ears			Long						<del>. € #</del>
Building Size (sq. ft.)  Montana De	Num Flo	ors		ge of S	ite in Ye	ears									<del>. € #</del>
Building Size (sq. ft.)  Montana De Owner Name	partment	ors		ge of S	ite in Ye	ears			ILDING OW	NER		wnship		Range	Section
Montana De Owner Name PO Box 2010	partment	ors		ge of S	ite in Ye	ears			ILDING OW	NER ena		wnship		Range 59620-1001	Section  Lewis & Clark
Building Size (sq. ft.)  Montana De Owner Name	partment	ors		ge of S	ite in Ye	ears			ILDING OW	NER ena		wnship		Range	Section
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	FOR ASBESTOS ABATEMENT	SCHEDULED DATES FOR DEMOLITION/RENOVATION					
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)	Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)				
N/A							
	PROJECT DESIG	SN INFORMATION					
	Name of Project Designer (PD)	(Accreditation Number/Exp. Date)					
	VASTE TRANSPORTER	☐ Check if same as Abatem	ent Contractor				
N/A Not RACM w Contractor, Individual or Company Nam							
contactor, marriadar or company riam	•						
Mailing Address		City State	Zip County				
Talantana Mantan	Face Name to a	0((0	(First and Local Manna)				
Telephone Number	Fax Number RACM WASTE	DISPOSAL SITE	rson (First and Last Name)				
☐ Allied Waste Systems of M							
☐ Butte Silver Bow Governm	_	Miles City Area Solid Waste Dist La					
☐ City of Billings Solid Wast	_	Northern MT Joint Refuse Disposa					
<ul><li>☐ City of Hardin Class II Lan</li><li>☐ City of Malta Landfill</li></ul>		Park County Refuse Disposal Dist Richland County Solid Waste Dist	_				
☐ City of Shelby Landfill		Sheridan County Solid Waste Dist	-				
☐ Coral Creek Landfill		Valley County Refuse Dist 1 Glasg	ow Landfill				
☐ Daniels County Commissi	_	Valleyview Class II CCSS Helena L	andfill				
_ ,	ste District Kalispell Landfill fill Site 1 - Great Falls/Floweree	Other:					
Trigit i lains Santary Land		LITY DEMOLITIONS/RENOVATIONS					
	ation is correct and that a State-accredite	d asbestos inspector inspected the fa					
demolition/renovation. This N	lotice must be submitted to the Departme	nt at least 10 working days prior to th	e start of work.				
	Printed Name / Signature		Date				
		TO ASBESTOS PROJECTS					
I certify that all work performe	d pursuant to the authorization of the Ask		ed in accordance with 40 CFR part				
61, subpart M, §§ 75-2-501 thre	ough -519, MCA, ARM 17.74.301 through 1	7.74.406, and the Montana Asbestos	Work Practices and Procedures				
	ertify all regulated asbestos-containing w		oject will be transported properly				
and disposed of in a State-app	roved Ciass II landilli or sillillar approved	aspestos disposal facility.					
and disposed of in a State-app	roved Class II landilli or similar approved	asbestos disposal facility.					
and disposed of in a State-app	Printed Name / Signature	aspestos disposal facility.	Date				
and disposed of in a State-app	Printed Name / Signature	ASE PROVIDE PER ARM 17.74.355	Date				
and disposed of in a State-app	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE	·	Date				
☐ A1. Project design w	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE	ASE PROVIDE PER ARM 17.74.355	Date etch, workers, and variance request				
☐ A1. Project design w ☐ A2. See Contractor S attached.	FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk					
☐ A1. Project design w ☐ A2. See Contractor S attached. ☐ B. List of accredited	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated  I asbestos personnel with their accreditate	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates.					
□ A1. Project design w □ A2. See Contractor S attached. □ B. List of accredited □ C. Copy of the contractor S	FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates. or asbestos abatement.	etch, workers, and variance request				
A1. Project design w  A2. See Contractor S attached.  B. List of accredited  C. Copy of the cont  D. Appropriate fee (	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated  I asbestos personnel with their accreditate ract showing the contract dollar amount for Actual Contract Volume for RACM remove	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates. or asbestos abatement.	etch, workers, and variance request				
A1. Project design w  A2. See Contractor S attached.  B. List of accredited C. Copy of the cont D. Appropriate fee (	FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated l asbestos personnel with their accreditate act showing the contract dollar amount for Actual Contract Volume for RACM removes  x 10% =	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates. or asbestos abatement. al x 10%). NOTE: If using a figure with ce	etch, workers, and variance request				
A1. Project design w  A2. See Contractor S attached.  B. List of accredited  C. Copy of the cont  D. Appropriate fee (	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated  I asbestos personnel with their accreditate ract showing the contract dollar amount for Actual Contract Volume for RACM remove	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates. or asbestos abatement.	etch, workers, and variance request				
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□ A1. Project design w □ A2. See Contractor S attached. □ B. List of accredited □ C. Copy of the cont □ D. Appropriate fee (  Actual Contract Volume  Mail completed form and Mont. Code Ann. § 75-2-503(2)	Printed Name / Signature  FOR ASBESTOS PROJECTS PLE ith sketch. tandard Operating Procedure dated  I asbestos personnel with their accreditate ract showing the contract dollar amount for Actual Contract Volume for RACM removes  x 10% =  Fee Amount Enclosed  fee to: MT DEQ Asbestos Control Progreguires the department to issue a permit of	ASE PROVIDE PER ARM 17.74.355  OR Project specific sk ion ID numbers and expiration dates. or asbestos abatement. al x 10%). NOTE: If using a figure with ce  Check No.  Tram, 1520 East 6th Avenue, PO Bosecision within seven calendar days folio	nts, round up to the nearest penny.  DEPOSIT LOG NO.  x 200901, Helena, MT 59620-0901  bywing receipt of a complete application				
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IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER